

Case Number:	CM13-0070697		
Date Assigned:	01/08/2014	Date of Injury:	11/08/2010
Decision Date:	04/07/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 33-year-old female saleswoman sustained a bilateral hand injury on 11/08/10 relative to falling forward, stepping off a curb. Fluoroscopic examination on 11/29/12 showed no specific bony abnormalities. There was some mild joint space narrowing of the thumb CMC joints bilaterally. A trial of Voltaren gel was prescribed on 11/29/12, with no follow-up documentation of benefit. The initial treating physician report of 8/6/13 cited constant wrist aching, intermittent bilateral forearm aching, and intermittent numbness fourth and fifth fingers. Ice and ibuprofen helped the pain. Previous reports including x-rays and EMG were not available. Physical exam findings documented no hand deformities, bruising or redness, bilateral thenar and hypothenar eminence tenderness, volar wrist tenderness, limited bilateral wrist flexion due to pain, other range of motion within normal limits, and negative Tinel's. Upper extremity strength, sensation, and deep tendon reflexes were normal. The diagnosis was bilateral wrist pain, chronic pain syndrome, possible carpal tunnel syndrome, and possible cubital tunnel syndrome. Terocin lotion was prescribed and an EMG was requested. The 9/11/13 progress report documented a skin reaction to Terocin which was discontinued. Subjective and objective findings were unchanged. Anaprox and Lidoderm patches were prescribed. The 10/28/13 progress report noted no change in symptoms or exam findings. The patient had not received the Lidoderm patches. Functional difficulty was reported with gripping the steering wheel to drive. A referral to a hand surgeon was recommended on a provisional diagnosis of bilateral thumb and possible wrist MCP arthritis. Records were still not available. The patient was prescribed Voltaren gel but did not receive it. The patient was reported working full duty.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Diclofenac sodium (Voltaren) 1 percent gel 2g to affected areas 4 x daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The Physician Reviewer's decision rationale: The request under consideration is for Diclofenac sodium (Voltaren) 1% gel 2g to affected areas 4 x daily. The California MTUS indicates that this medication is FDA-approved for the relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the hand or wrist. Maximum dose is 8 g per upper extremity joint per day. Guidelines recommend short term use, 4-12 weeks. The treating physician has not clearly established the diagnosis. Mild bilateral thumb CMC joint space narrowing was previously documented. Voltaren gel trial was documented in the records with no indication of benefit. The patient is reporting benefit to oral NSAIDs. The medical necessity of this medication is not established relative to diagnosis or prior benefit. Therefore, this request for Diclofenac sodium (Voltaren) 1% gel is not medically necessary.

Lidocaine (Lidoderm) 5 percent patch apply 3 patches to clean dry area of skin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The Physician Reviewer's decision rationale: The request under consideration is for Lidocaine (Lidoderm) 5% patch apply 3 patches to clean, dry area of skin. The California MTUS indicates that topical lidocaine (Lidoderm patches) may be recommended for localized peripheral pain after evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Lidoderm patches are not recommended for non-neuropathic pain. Guideline criteria have not been met. There is no current indication that the patient has neuropathic pain or has failed a trial of first line therapy. The use of these patches for non-neuropathic pain is not recommended. Therefore, this request for Lidoderm 5% patches is not medically necessary.